

2026 Pediatric Observation Status Determination Criteria by DX

Abd pain	Unclear etiology & T $\geq 100.4^{\circ}\text{F}$ & age-based \uparrow WBC, bands $>10\%$, tachycardia, h/o abd surgery, AMS, or vomiting post ≥ 2 antiemetics AND imaging performed & NPO & IVF & controlled w/ analgesic or uncontrolled requiring medication dose/frequency change.
Appendicitis	Suspected & abd pain & anorexia or cough/hop/percussion tenderness or migration of pain or N/V or T $\geq 100.4^{\circ}\text{F}$ or WBC $\geq 10\text{K}$ AND IV Abx OR NPO and IVF.
Asthma	Partial response to $\geq 1\text{h}$ of initial tx (≥ 2 SABA, PO/IV steroid) w/ mod-severity (PEF/FEV ₁ 40–60%, O ₂ 92–95%, persistent wheeze or high risk for decompensation, inadequate PO intake, or age-based tachypnea) AND Steroid (incl PO), IVFs or SABA ≥ 2 doses.
Bronchiolitis	Difficult PO or Age $\leq 2\text{m}$ & RR 60-70/min or Age $>2\text{m}$ & RR 50-60/min or O ₂ sat 90-92% or retractions or high-risk AND IVF or NG hydration/nutrition or Oximetry $\geq \text{Q}4\text{h}$.
BRUE	Observation Only Condition.
Cellulitis	Affected site (Face, Hand, Genitalia, Perianal, or Perineal), Multifocal, Periorbital cellulitis, or Failed OP abx tx (incl PO) AND IV abx.
Dehydration or GE	Age > 1 to < 18 yrs & symptomatic post initial tx AND PO rehydration or Antiemetic $\geq 3\text{x}/24\text{h}$ (incl PO/PR) or IVF.
DKA	BG > 200 mg/dL & (+) Ketones & Anion gap 16-18 mEq/L or pH 7.20-7.29 or sHCO ₃ or CO ₂ 10-17 mEq/L AND insulin (SC only) $\geq \text{q}4\text{h}$ and IVF.
DM	Observation Only Condition.
Epilepsy	Known epilepsy & Sz & return to BL & ≥ 2 sz within 24h and \uparrow freq or change/progression in sz type or duration AND Anticonvulsant (incl PO) initiation/adjustment or CNS imaging or EEG • Postictal $< 60\text{min}$ • O ₂ 90-93% AND Oximetry or Requiring suppl O ₂ .
Febrile SZ	Prolonged postictal period AND Neuro checks $\geq 6\text{x}/24\text{h}$.
PNA	O ₂ 90-92% $< \text{BL}$, Failed OP mgmt, High risk condition, \uparrow WOB (Difficulty taking PO or Tachypnea) AND Abx & Inadequate PO intake & IVF or Oximetry $\geq \text{q}4\text{h}$.
Sepsis	Infection suspected in young infant & Age 29d to $\leq 90\text{d}$ & Temp $\geq 100.4^{\circ}\text{F}$ or $\leq 96.8^{\circ}\text{F}$ & BCx pending AND IV Abx.
Sickle cell disease	Pain & Failed OP analgesia AND IVF & IV analgesics $\times 2-3/24\text{h}$. Infection & T 100.4-101.2 $^{\circ}\text{F}$ AND IV Abx.
Wound/SS Infection	Failed OP Abx tx or Purulent drainage AND IV Abx or I&D or suture removal.

Questions? Central UR Department may be reached at JHSURLeadership@jhsMiami.org

2026 Pediatric Inpatient Status Determination Criteria by DX

Appendicitis	Non-operative mgmt & abscess/phlegmon on imaging AND IV Abx.
Asthma	Partial response ≥ 1 h of initial tx (≥ 2 SABA, PO/IV steroid ≤ 24 h) & Persistent wheezing & Age > 5 yrs & PEF/FEV1 $< 40\%$ or O ₂ $< 92\%$ or Nasal flaring/grunting/retractions or age-based tachypnea AND Steroid (incl PO) or FiO ₂ $> 21\%$ or SABA ≥ 6 x/24h.
Bronchiolitis	Apnea event & cont. oximetry or grunting/nasal flaring or age-based tachypnea or O ₂ $< 90\%$ AND HFNC/O ₂ or IVFs/NG hydration-nutrition
Cellulitis	Complicated & 2 findings (T $\geq 100.4^{\circ}\text{F}$, age-based tachycardia, age-based WBC elevation, Bands $> 10\%$, AMS, protracted vomiting) OR high risk of severe disease (age 29-60d or immunocompromised or located over prosthesis/implant/device), OR Orbital cellulitis AND IV Abx
Dehydration or GE	Age ≤ 1 yr and symptomatic, AMS, abn CI, K 2.5-3.2 mEq/L without ECG changes, OR Na 151-158 mEq/L AND PO rehydration ≤ 2 d or Antiemetic ≥ 3 x/24h (incl PO/PR) or IVF or K replacement (incl PO) or hydration via NGT.
DKA	BG > 200 mg/dL & (+) Ketones & Anion gap > 18 mEq/L or pH < 7.2 or Serum HCO ₃ or CO ₂ < 10 mEq/L • Age < 5 yrs • Coma, stupor, somnolence • pregnancy AND Cont. insulin and IVF.
Epilepsy	Uncontrolled seizure or Post seizure & persistent neuro impairment • New onset epilepsy AND EEG ≤ 24 h or med initiation/adjustment (incl PO) or Neuro checks ≥ 6 x/24h • Post seizure & O ₂ $\leq 89\%$ AND oximetry or requiring suppl O ₂ • Pregnant (excl eclampsia) & ≥ 1 seizure ≤ 24 h or Postictal ≤ 24 h
PNA	O ₂ $< 90\%$ or Complicated PNA or High risk for severe disease (Age ≤ 6 m & bacterial suspected, immunocompromised, lobes, or virulent pathogen) or \uparrow WOB (head bobbing, nasal flaring, grunting, retractions or age-based tachypnea) AND IV Abx or PO Abx & Inadequate PO & IVF or O ₂ .
Sepsis	High risk for invasive bacterial infection & age 29-90d & T ≥ 100.4 & Risk factor (i.e. premature, immunocompromised, congenital abn) AND Bcx pend. & IV Abx • Systemic infection & (+) BCx, CRP ≥ 20 mg/L, PCT ≥ 0.5 ng/mL, T $\geq 100.4^{\circ}\text{F}$, or \uparrow WBC/Bands $> 10\%$ & 2 signs (tachycardia, AMS, Cap refill < 1 or ≥ 3 s, weak/bounding pulse or tachypnea) or risk factor (i.e., medically complex, unvaccinated) AND IV Abx & IVF.
Sickle cell disease	Acute pain AND IVF & IV analgesics ≥ 4 x/24h or continuous. • Acute chest syndrome (Chest pain, O ₂ $< 92\%$, T $\geq 100.4^{\circ}\text{F}$, dyspnea, cough, wheeze, retractions, or rales) & new infiltrates on imaging AND IV Abx • Aplastic crisis (Hg ≥ 2 g/dL < 8 L or Hg < 5.5 or Retic count < 10 K/ μ L AND IVF or transfusion & Hct or Hb 2x/24h • Splenic sequestration (Hg ≥ 2 g/dL < 8 L & Splenomegaly) AND IVF or blood transfusion • T $\geq 101.3^{\circ}\text{F}$ AND IV Abx.
Wound Infection	Dehiscence or Erythema/Induration > 2 cm from edge or located over prosthesis/implanted device or requiring surgical excision/exploration/debridement or 2 findings of systemic infection AND IV Abx or I&D.

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